Name in Full: Rachel Mary Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Scarboro — County: Harford

Date of death 1904: Month: Octr — Day: 9th — Age: Years: 60 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Scarboro

Married, ~~Single or Widowed~~ — Occupation: Milliner & dressmaker

Name of ~~Wife or~~ Husband: Jacob Bailey

Father's Name: ~~~~ — Father's Birthplace: ~~~~

Mother's Maiden Name: ~~~~ — Mother's Birthplace: ~~~~

Name of person giving Information: Herman Scarborough — How related to deceased: her Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: about a year

Immediate: ~~~~ — How long: ~~~~

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Ephr Hopkins

Address: Darlington

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A888516

Name in Full: Lucinda Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aldino — County: Harford

Date of death 1904: Month: October — Day: 30 — Age: Years: 72 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Harford-Md.

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: George Baldwin

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno. Walker — Father's Birthplace: Don't know

Mother's Maiden Name: Don't know — Mother's Birthplace: "

Name of person giving information: Hugh Bailey — How related to deceased: No relation

46

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abdominal Tumor — How long: Probably a few

Immediate: General weakness — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. N. Smith M.D.

Address: Mount Vernon Mo

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sallie E. Brazier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Joppa — County: Harford

Date of death 1904 — Month: Oct. — Day: 5 — Age — Years: 55 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto. Co.

Occupation: Home Wife — Where Residing if not at place of death: Joppa

Married, Single or Widowed: Married — Name of Husband: Frank Brazier

Father's Name: James Chamberlain — Father's Birthplace: —

Mother's Maiden Name: Rebeca Christopher — Mother's Birthplace: Balto Co.

Name of person giving Imformation: Frank Brazier — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 1 hour

Immediate: Paralysis of vital centers — How long: minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nath Heyser M.D.

Address: Fallston Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full. Ida Dallinger

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Sapna (County) Harford

Date of death 1904 (Month) Oct (Day) 4th (Years) Age 79 (Months) — (Days) 12

Sex Female | Color or Race White | Birthplace State of Hanover Germany

Occupation Housewife | Where Residing if not at place of death Place of death

Married, Single or Widowed Married | Name of Wife or Husband John Dallinger

Father's Name — Feltmann | Father's Birthplace Not Known

Mother's Maiden Name Not Known | Mother's Birthplace " "

Name of person giving Information Husband | How related to deceased husband

TO BE ANSWERED BY NEAREST FRIEND

17

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cardiac Weakness from age | How long 3 years

Immediate General Dropsy Ending in Cardiac Failure | How long 1 Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Noble Leyser, M.D.

Address Franklinville Md.

Accident or Suicide? No

LIBRARY BUREAU A88610

Name in Full: William Daugherty

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hickory — County: Harford

Date of death 1904 — Month: Oct. — Day: 28 — Years: Age 6 years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Anthon Daugherty — Father's Birthplace: Md.

Mother's Maiden Name: Annie Hooper — Mother's Birthplace: Md

Name of person giving In formetion: ~~Brother~~ Annie Daugherty — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia 93 — How long: 2 weeks

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Annie Maria Darsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dalesville — County: Harford Co

Date of death 1904: Month: Oct. — Day: 21 — Age: Years: 78 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Colored — Birthplace: Pa

Married, Single or Widowed: Widow — Occupation: House wife

Name of Wife or Husband: Jupiter Darsey

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Annie Mc Household — Mother's Birthplace: Dont Know

Name of person giving information: Martha Hall — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 4 years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. Famous M. D.

Address: Street Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Esther Enfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pylesville — County: Harford

Date of death 19: Month: Oct — Day: 14 — Years: Age 26 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Randolph Md

Married, Single or Widowed: Married — Occupation: House Keeping

Name of Wife or Husband: Moses Enfield

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure — How long: 2 yrs

Immediate: Phthisis Pulmonalis — How long: 2 yrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Roamen. Ramsay

Address: Delta York Co Pa

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Harry D. Frazier

Town

Scaggsville

County

Howard

Died at Scaggsville Howard MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
10	13	37	—			

Date 19 14

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Tuberculosis Lungs — How long sick 2 Years

Immediate — Accident, Suicide, Homicide

Reported by Effie Hopkins M. D.

Address Scaggsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 190 Oct.	17	Age 29.	11.		Harford	

Male / ~~Female~~ | White / Colored | Married / Single / ~~Widow~~ / ~~Widower~~ | Divorced | Number of children living One

Husband of George B. Giles

Wife

Father's Name Samuel Wilson

Mother's Name Isabella Wilson

Cause of Death — Primary Tuberculosis 27

Immediate Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by J. H. Roberts M.D.

Address Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: Charles D. Glenn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: High Point — County: Harford

Date of death: 1904 — Month: October — Day: 6 — Age: Years: 1 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: High Point Md.

Occupation: None — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — Name of ~~Wife~~ or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm H. Glenn — Father's Birthplace: Maryland

Mother's Maiden Name: Mary E. Ayer — Mother's Birthplace: Maryland

Name of person giving Information: Wm H. Glenn — How related to deceased: Father

CAUSES OF DEATH

105

Primary — How long

Immediate: Cholera Infantum — How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Davis M.D.

Address: Pleasantville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Rock Spring (burial)

Name in Full: Samuel Gover Hopkins

CERTIFICATE OF DEATH

MARYLAND.

Died at — Town: Garland — County: Harford

Date of death 1904 — Month: 10 — Day: 19 — Age: Years 13 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Schoolboy

Name of Wife or Husband:

Father's Name: Saml G. Hopkins — Father's Birthplace: Md

Mother's Maiden Name: Annie Hetrick — Mother's Birthplace: Md

Name of person giving In formation: S. G. Hopkins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: 3 weeks

Immediate: Toxemia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Hopkins

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Jackson.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air County: Harford

Date of death: Month: Oct. Day: 3 Years: — Months: 7 Days: —

Age

Sex: Male Color or Race: Black Birthplace: Belair

Occupation: Where Residing if not at place of death:

~~Married~~, Single or Widowed: Sgle Name of Wife or Husband:

Father's Name: George Jackson Father's Birthplace: Md

Mother's Maiden Name: Eliza Higgins Mother's Birthplace: Md

Name of person giving Imformation: J. Geo. H. Jackson How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 11 days

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Purnell & Applegarth

Address: Bel Air

Accident or Suicide?

LIBRARY BUREAU A8610

Mountain

N. D × 2

Name In Full

Joshua Jones

Certificate of Dea

Died at Town Centreville County Harford MARYLAND

Date 1904 Month 10 Day 31 | Age Y. 81 M. — D. — | Native of — | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widower / ~~Widow~~ / ~~Divorced~~ | Number of children living 3

Husband of / Wife

Father's Name Daniel Jones

Mother's Maiden Name Martha Jones

Cause of Death: Primary Old Age

Immediate

How long sick

Accident, Suicide, Homicide

154

Reported by Dr. F. H. Archer

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Name in Full: Belle Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford

Date of death 1904: Month: Oct. — Day: 3 — Age: Years: 40 — Months — Days

Sex: Female — Color or Race: Black. — Birthplace: N Carolina

Occupation: Washing Woman. — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: James Lee

Father's Name: Dont Know. — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving Imformation: James Lee — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary tuberculosis — How long: Six Months

Immediate: Exhaustion — How long: 2 or 3 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. F. Vaux Tibbels

Address: Bel Air Md.

Accident or Suicide? No.

LIBRARY BUREAU A66616

Hendon Hill

N. D. K. L.

Name in Full

Samuel Mathews Lee

Certificate of Death

Died at Churchville (Town) Harford (County) MARYLAND

Date 1904 Month October Day 13 | Age Y. 90 M. 3 D. 26 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living Four

~~Wife~~ Husband of Cassandra Lover

Father's Name William D Lee

Mother's Name Ann Wilson

Cause of Death: Primary — How long sick

Immediate Old Age 1 Y

Accident, Suicide, Homicide

Reported by L. H. Robins - M.D.

Address Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Bertha, C. McFadden

Died at Town: Corea County: Harford MARYLAND

Date 19 04 Month: Oct Day: 10. Age Y.: — M.: — D.: 21 Native of: Md Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband / Wife of —

Father's Name: Ross McFadden Mother's Maiden Name: Bertha Fletcher

Cause of Death — Primary: Gastro Enteritis How long sick: 4 days

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

105

Reported by: Dr. Jas. S. Akehurst

Address: Norrisville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full George Wm. Melhorn

Certificate of Death

Died at Town Magnolia County Harford MARYLAND

Date 1904 Month October Day 19 Age Y. 62 M. 1 D.

Native of U States

Occupation Merchant

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living two

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Heart Disease

How long sick 3 Months

Immediate Pulmonary congestion

Accident, Suicide, Homicide

Reported by R. F. W. Offermann

Address Abingdon.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Interment—
German Lutheran Church
Hanford, Co—

Name in Full: Unnamed Infant of Mary Monk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Havre de Grace; County: Harford

Date of death: 1904; Month: 10; Day: 10; Years: Age; Months: 3; Days: 21

Sex: Male; Color or Race: Col; Birthplace: Md

Occupation: Infant; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown; Father's Birthplace:

Mother's Maiden Name: Mary Monk; Mother's Birthplace: Md

Name of person giving In formation: Mary Monk; How related to deceased: Mother

CAUSES OF DEATH

Primary: Marasmus 151; How long: 3 hrs

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Woodward

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Francis P. Moran

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryman; County: Harford

Date of death 1904: Month: 10; Day: 11

Age: Years: 30; Months; Days

Sex: Male

Color or Race

Birthplace: Harford Furnace

Occupation

Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Patrick Moran

Father's Birthplace: Ireland

Mother's Maiden Name: Catharine Clark

Mother's Birthplace: Ireland

Name of person giving Information: Catharine Moran.

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption. 27

How long: 6 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H K McCann M.D.

Address: Stringtown Md

Accident or Suicide?

Undertaker

LIBRARY BUREAU A66316

Name in Full: Hattie Usborn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Bel Air — County Harford

Date of death 1904 Month Oct Day 3 — Age Years 20 Months — Days —

Sex Female — Color or Race Black — Birthplace Md.

Occupation House work — Where Residing if not at place of death Bel Air

Married, Single or Widowed — Name of Wife or Husband

Father's Name Thomas Usborn — Father's Birthplace Md.

Mother's Maiden Name Elizabeth J. Allen — Mother's Birthplace Md.

Name of person giving Imformation Thomas Usborn — How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary tuberculosis — How long 1 year

Immediate Syncope — How long Several days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. F. Van Bibber M.D.

Address Bel Air Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Herbert Lemuel Preston

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Jarrettsville. (County): Harford

Date of death 1904: Month: October. Day: 16

Age: Years: Months: 1 Days: 5

Sex: Male. Color or Race: White. Birthplace: Jarrettsville

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: John Preston. Father's Birthplace: Jarrettsville

Mother's Maiden Name: Clara Kinkle. Mother's Birthplace: Fawn Grove

Name of person giving information: Father. How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis. How long: 7 days

Immediate: " How long: "

105

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank L Turner M.D.

Address: White Hall Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: John R. Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford

Date of death: 1904 — Month: October — Day: 18

Age: Years: 24 — Months: 2 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Stone Cutter — Where Residing if not at place of death: Balto. Md.

Married, Single or Widowed: Single — Name of Wife or Husband: ---

Father's Name: Wm Roberts — Father's Birthplace: England

Mother's Maiden Name: Mary Jones — Mother's Birthplace: Wales.

Name of person giving In formation: Henry Smith — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: 3 weeks

Immediate: Abscess of Liver — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? To the best of my knowledge

Signature of Physician: Robt. C. Bay

Address: Bel Air Md.

Accident or Suicide? Accident

LIBRARY BUREAU A66616

Name in Full: Jarett B Standiford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ady County: Harford

Date of death 1904: Month: Oct Day: 23

Age: Years: 77 Months: Days:

Sex: Male Color or Race: White Birthplace: Balto. Co. Md.

Married, Single or Widowed: Married Occupation: Plaster.

Name of Wife or Husband: Hester Standiford

Father's Name: Samuel Standiford Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know Mother's Birthplace: Dont Know

Name of person giving information: James R. Standiford How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease 120 How long: Two Weeks

Immediate: Uremic Poison How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. H. Thomas M.D.

Address: Ady Md.

Accident or Suicide?

LIBRARY BUREAU A893-18

Name In Full

Leon Bailey Streett

Certificate of Death

Town

Died at Rylesville

County

Harford

MARYLAND

Date 1904	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	10	4th		—	3	2	Harford Co.	

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name: Bailey Streett

Mother's Maiden Name: Morrison

Cause of Death — Primary: Subacute inflammation of kidneys

How long sick: Two weeks

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Dr Thos. B. Hayward 105

Address Rylesville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister: Highland

LIBRARY BUREAU, 73898

Name in Full: Eliza V Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Aberdeen — County: Harford

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 10	Day: 18	Years: 3	Months: 9	Days: 60
Sex: Female	Color or Race: Col			Birthplace: Md.	
Occupation: Infant	Where Residing if not at place of death: —				
Married, Single or Widowed: Single	Name of Wife or Husband: —				
Father's Name: —				Father's Birthplace:	
Mother's Maiden Name: Eliza Taylor				Mother's Birthplace: Md	
Name of person giving Information: Eliza Taylor				How related to deceased: Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary		How long
Immediate: Cap. Bronchitis		How long: 1 Wk
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: J Howard Mc	
	Address: Aberdeen Md.	
Accident or Suicide?		

LIBRARY BUREAU A89816

Name in Full: Paul Wheeler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kalmia — County: Harford

Date of death: Month: Oct — Day: 23 — 1904

Age: Years: 5 yrs. — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Barnet Wheeler — Father's Birthplace: Maryland

Mother's Maiden Name: Agnes Bradley — Mother's Birthplace: Harford Co.

Name of person giving Imformation: Barnet Wheeler — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis — How long: two weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full Flora C. Willis — Certificate of Death

Died at Town Castleton County Harford MARYLAND

Date 1904 Month 10 Day 18 | Age Y. 54 M. — D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of Howard Willis

Father's Name Rev. Hays Mother's Maiden Name Margaret Hays

Cause of Death — Primary Pneumothorax — How long sick 4 days

Immediate Paralysis Lobb

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. M. Hagan

Address Conowingo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Missouri H. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dry Branch — County: Harford

Date of death: Month: Oct. — Day: 19 — Year: 1904 — Age: 33 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Widow~~ Husband: Eli Wilson

Father's Name: Wm. Baker — Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Masmore — Mother's Birthplace: Maryland

Name of person giving information: Eli Wilson — 135 — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abnormal Labor — How long: 6 hours

Immediate: Haemorrhage Postpartum — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Millard Sterling

Address: Shane Balto Co.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full — Certificate of Death

Edward Nye

Died at Town: Glenmont Mills — County: Harford — MARYLAND

Date 1904 Month: October Day: 5 | Age Y. 73 M. D. | Native of Harford | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of Wife Sarah Nye

Father's Name — Mother's Maiden Name

104

Cause of Death — Primary: Chronic Cystitis, Bright's Disease — How long sick: 6 months

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by Dr Thos. B. Hayward

Address Glenville Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Orange Lem

LIBRARY BUREAU. 79898